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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/898,164			ing Date 02/2001	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY	
	FOR	N	JMBER FIL	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (l),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x s =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	m	nus 3 = *		1	× \$ =			x \$ =	
☐APPLICATION SIZE FEE (37 GFR 1.16(e)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(0)/(1/G) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST											
AMENDMENT	11/30/2006	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 29	Minus	↔ 51	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	· 4	Minus	***8	= 0	1	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	-	1	x \$ =		OR	x \$ =	
Σ Ω	Independent (37 CFR 1.16(h))	*	Minus	***	=	l	x \$ =		OR	x \$ =	
핕	Application Size Fee (37 CFR 1.16(s))					ı					
٧V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
"If the othry in column 1 is less than the entry in column 2, write "O" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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